FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

wasnington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per respons	e: 0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol Acutus Medical, Inc. [AFIB]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Burgess Vincent J					Actitus Metrical, IIIC. [AFID]								X Direc		tor	10% Owner		wner	
(Last)	(Fi	rst) (N	Middle)		3. Da	te of E	arliest	Trans	action (N	Month	/Day/Year)		\dashv	X	Officer (give title below)			Other (below)	specify
C/O ACUTUS MEDICAL, INC.					08/05/2021									Chief Executive Officer					
2210 FARADAY AVE., SUITE 100																			
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	BAD CA	A 9	2008											X	Form	filed by On	e Repo	orting Pers	on
-															Form filed by More than One Reporting Person				
(City)	(Si	ate) (Z	Zip)																
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Benefi	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				4 and Securit		ties Fo cially (D) I Following (I)		: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) ((D)	Prio	e		ction(s)			(11341.4)	
Common Stock 08/05/20					2021		F		1,922	D	\$1	5.52	65,365			D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	rivative Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year)		4. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4) Amount or Numbe of Shares		Dei See (In:	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

<u>/s/ Tom Sohn as attorney-in-fact for Vincent J. Burgess</u>

08/27/2021

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.